



THE KENLEY KONNECTION INC.

3361 Patriot Blvd., Columbus OH 614-898-9505

www.kenleykonnnection.com; travel@kenleykonnnection.com



ALL ABOARD!!! GET READY FOR THE KENLEY KONNECTION

EBONY AT SEA

RAIL & SAIL ADVENTURE

AMTRAK & CARNIVAL CRUISE LINE

October 24 – November 1, 2026

PACKAGE INCLUDES:

- Round-trip **AMTRAK UNION STATION** Chicago to NEW ORLEANS
- Overnight hotel in New Orleans
- 5-Night/6-day cruise to Mexico on the CARNIVAL FUNSHIP VALOR
- Roundtrip motorcoach transportation as follows:
 - Columbus OH to Chicago AMTRAK Train Station (ride the rails to New Orleans)
Train departs Chicago at 8:05pm and arrives in New Orleans at 3:45pm the next day
 - Hotel to ship and ship to AMTRAK after cruise
- Detailed itinerary will be distributed to registrants

Motor coach departs from Columbus, pickup in Lima, Ohio

***COST PER PERSON (Includes above package plus cabin selected below):**

- \$1212 Interior Cruise Stateroom
- \$1284 Oceanview Cruise Stateroom
- \$1512 Balcony Cruise Stateroom



PAYMENTS: \$150 per person DEPOSIT DUE IMMEDIATELY (\$50 nonrefundable) for reservation along with attached RESERVATION FORM. **First Come First Served—only 40 seats available!!**

\$180 due April 1. Balance due August 1, 2026. Contact Ms. Glo for special payments arrangements PRIOR to due date, if necessary. Otherwise, trip will cancel automatically without notice. No refunds after May 1, 2026. CASH APP \$GloriaKenley—indicate your name and AMTRAK.

CONTACT: Ms. GLO 614-475-0618 or 614-638-4347. MUST LEAVE VOICE MSG FOR RETURN CALL.

MUST HAVE PASSPORT OR BIRTH CERTIFICATE ALONG WITH

VALID FEDERAL OR STATE ISSUED PICTURE I.D.



RESERVATION FORM



EBONY AT SEA
RAIL & SAIL ADVENTURE
AMTRAK & CARNIVAL CRUISE LINE
October 29 – November 6, 2026

Reservations acceptable only with this form along with payment

\$ _____ CRUISE PAYMENT ENCLOSED. (MAKE CHECKS PAYABLE TO: THE KENLEY KONNECTION)

CHECK ONE (Please check one and list your roommate(s) below)

INTERIOR CABIN

OCEANVIEW CABIN

BALCONY

_____ \$ _____ Per Person DBL.

_____ \$ _____ Per Person DBL.

_____ \$ _____ Per Person DBL.

NAME (print) _____

ADDRESS _____

Street

City

State

ZIP

DATE OF BIRTH (month/day/year) _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

E-MAIL _____

EMERGENCY CONTACT PERSON: _____ PHONE NO: _____

Room-mate _____ PHONE _____

(Roommate must also submit a Reservation form)

I understand that \$50 of the deposit is non-refundable and there are no refunds after May 1, 2026. I have been offered the opportunity to purchase Cancellation Insurance and understand that this allows reimbursement by the insurance company if I need to cancel for unforeseen circumstances. I have indicated below whether I accept or decline this insurance. If not marked, THE KENLEY KONNECTION may assume that I decline the offer of insurance.

Must indicate accept or decline & sign:

_____ Accept

_____ Decline

Signature _____

Date _____



Mail or deliver to:
THE KENLEY KONNECTION INC.
3361 Patriot Blvd.
Columbus OH 43219



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